

For use of this form, see TB MED 561; the proponent agency is OTSG

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1. DATE	2. COLLECTOR
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3.	WEATHER DATA		
	HIGH <i>a</i>	LOW <i>b</i>	RAINFALL <i>c</i>

[illegible]

*SPECIMENS SENT TO USAEHA FOR ID*

7. DATE	8. SPECIES _____
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9.	PESTICIDE TREATMENT DATA		
DATE <i>a</i>	PESTICIDE <i>b</i>	RATE <i>c</i>	

10. METHOD OF APPLICATION	
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11. AREA (S) TREATED